



**Board of Behavioral Sciences**  
1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
Telephone: (916) 574-7830 TTY: (800) 326-2297  
[www.bbs.ca.gov](http://www.bbs.ca.gov)



**RE: LICENSED PROFESSIONAL CLINICAL COUNSELOR EXAMINATION ELIGIBILITY APPLICATION  
FOR APPLICANTS WHO GAINED ALL EXPERIENCE IN-STATE**

Dear Applicant:

Thank you for your interest in becoming a California Licensed Professional Clinical Counselor. Included in this packet are the following forms and documents:

1. Instructions for Completing the Examination Eligibility Application
2. Licensed Professional Clinical Counselor In-State Examination Eligibility Application
3. Licensed Professional Clinical Counselor In-State Experience Verification Form
4. Examination Security Notice
5. Personal Data Card
6. Mandatory Reporter Information

BOARD OF BEHAVIORAL SCIENCES



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## INSTRUCTIONS FOR COMPLETING THE LICENSED PROFESSIONAL CLINICAL COUNSELOR EXAMINATION ELIGIBILITY APPLICATION

### **DO NOT COMPLETE THIS APPLICATION IF YOU HAVE ANY OUT-OF-STATE EXPERIENCE OR LICENSURE**

Please review the following instructions and checklist to ensure accurate completion of your application package and that all required original documents are furnished to the Board of Behavioral Sciences (Board). Please retain a copy of all documents submitted to the Board. All items are mandatory. Failure to provide any of the requested information may result in the rejection of the incomplete application. Submit a completed application package to the address shown above with the fee indicated in section II below.

#### **I. MISCELLANEOUS FORMS INSTRUCTIONS**

- ☐ A. PERSONAL DATA CARD: Please type or print legibly. The address you enter on this card is public information and will be placed on the Internet pursuant to Business and Professions Code (BPC) Section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address. The address provided will be used for Board communications, such as license renewal notices.
- ☐ B. EXAMINATION SECURITY NOTICE: The notice must be completed and signed. Failure to complete the notice may affect your examination eligibility.

#### **II. EXAMINATION ELIGIBILITY APPLICATION INSTRUCTIONS**

- ☐ A. APPLICATION: Complete all sections. The application must be signed. NOTE: If you have registered with the Board previously and have changed your legal name since registering without submitting a name change request to the Board, please complete and submit a *Notification of Name Change* form with your application packet along with required documentation. This form is available on the Board's web site.
- ☐ B. FEES: Submit a \$280.00 check or money order made payable to the Behavioral Sciences Fund. The \$280.00 fee consists of a \$180.00 application fee and a \$100.00 California Law and Ethics Examination fee. The application fee is an earned fee for evaluation of your application and is **NOT REFUNDABLE**.
- ☐ C. EXAMINATIONS: All applicants are required to take and pass the California Law and Ethics Examination. Once you have passed the California Law and Ethics examination, you will be required to pass the National Clinical Mental Health Counselor Examination (NCMHCE). Upon passing the Law and Ethics Examination, you will receive information on registering for the NCMHCE.
- ☐ D. INITIAL LICENSE APPLICATION AND FEE: Once you have passed both examinations, you will be required to submit a *Request for Initial License* form with a fee. This fee will be prorated and established according to the month of issuance (month fee is received by the Board) and expiration date (applicant's birth month) of the license.
- ☐ E. CONVICTION AND/OR DISCIPLINARY ACTION (Application form Question #12-13)  
 Attach documentation explaining prior conviction(s) and/or disciplinary action(s) and attesting to your rehabilitation, if applicable: Please refer to the REPORTING PRIOR CONVICTION(S) and/or REPORTING DISCIPLINE AGAINST LICENSE(S) sections of these instructions.

#### **III. VERIFICATION OF EDUCATION AND SUPERVISED EXPERIENCE**

- ☐ A. VERIFICATION OF EDUCATION AND TRAINING: Verification of required education and training was required in order for the Board to issue your PCC intern registration and is not necessary to be resubmitted. All Licensed Professional Clinical Counselor applicants must first register as an intern, unless licensed as an LPCC or equivalent in another state for at least two years.

- ☐ B. "EXPERIENCE VERIFICATION" FORM: This form is a certified statement from a supervisor verifying your postdegree supervised experience (a total of at least 3,000 hours obtained over 104 weeks), and must have the supervisor's original signature.
- ☐ C. SUPERVISOR VOLUNTARY STATUS: If your supervisor was employed on a voluntary basis with your employer, attach the original written agreement between your supervisor and your employer as required by Title 16, CCR Section 1820(e)(3).
- ☐ D. SUPERVISOR RESPONSIBILITY STATEMENT: Submit the original Supervisor Responsibility Statement from each supervisor who has signed an Experience Verification form.
- ☐ E. SUPERVISORY PLAN: Submit the initial original *Supervisory Plan* from each supervisor who has signed an *Experience Verification* form, as required by Title 16, CCR Section 1822.

#### IV. REPORTING PRIOR CONVICTION(S):

California Code of Regulations, Title 16, Section 1813 states: "When considering the denial of a license or registration under Section 480 of the Code, the board, in evaluating the rehabilitation of the applicant and his or her present eligibility for a license or registration shall consider the following criteria:

- a. The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
- b. Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the Code.
- c. The time that has elapsed since commission of the act(s) or crime(s) referred to in Section 480 of the Code.
- d. The extent to which the applicant has complied with any terms of probation, parole, restitution, or any other sanctions lawfully imposed against the applicant.
- e. Evidence, if any, of rehabilitation submitted by the applicant."

Submit the following information with your application if you report that you have pled guilty or nolo contendere to a misdemeanor or felony conviction (*including any convictions dismissed under Section 1203.4 of the Penal Code*):

- ☐ 1. A certified copy of the conviction and disposition of your case from the Court Clerk of the court in which convicted and any police reports.
- ☐ 2. A letter from you describing the underlying circumstances of the conviction. If convicted under a different name, please provide that name.
- ☐ 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
  - a. Proof of completion of probation if it was required.
  - b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.
- ☐ 4. You must disclose all convictions even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file. You may simply provide a written statement indicating that you believe the information is already on file.

#### V. REPORTING DISCIPLINE AGAINST LICENSE(S):

Submit the following information with your application if you report any disciplinary action you received against a professional license:

- ☐ 1. A certified copy of the determination made by the licensing entity. This document should include date and location of the incident, specific violation, date of disciplinary action, and sanctions or penalties imposed and completion dates.
- ☐ 2. A letter from you describing the underlying circumstances of the incident. If disciplinary action occurred under a different name, please provide that name.

- ☐ 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
- a. Proof of completion of probation if it was required.
  - b. Letters of reference from employers, instructors, professional counselors, or probation or parole officers on official letterhead.
- ☐ 4. You must disclose all discipline against licenses even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file. You may simply provide a written statement indicating that you believe the information is already on file.

## **INFORMATION ABOUT THE LICENSED PROFESSIONAL CLINICAL COUNSELOR EXAMINATION ELIGIBILITY APPLICATION**

1. **INFORMATION AND DOCUMENTS:**

All information furnished to the Board is subject to investigation. The application submitted and all papers and documents pertinent thereto are the property of the State of California and will not be returned. **ANY FALSE, DISHONEST OR MISLEADING STATEMENTS IN THIS APPLICATION OR THE ATTACHMENTS ARE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OR SUSPENSION OF THE REGISTRATION OR LICENSE FOR WHICH APPLICATION IS BEING MADE.**

2. **RECEIPT OF APPLICATION:**

Please do not contact the Board to check the status of your application. **If you wish to know whether the Board has received your application, check with your bank to determine whether your check has been cashed; another option is to include a self-addressed stamped postcard or envelope with your application, which will be mailed back to you upon receipt.**

3. **EXAMINATION:**

- A. **LAW & ETHICS EXAMINATION INFORMATION:** Applicants will be sent a notice of eligibility to take the California Law and Ethics Examination or a notice of application deficiency following the Board's review of a completed application and all required documentation. California Law and Ethics Examinations are given in various locations throughout California. It is the responsibility of the applicant to contact the company that administers the examinations and arrange a time and place to take the examination. *(Further information regarding the examination is provided in the LPCC California Law & Ethics Examination Candidate Handbook, available on the Board's web site)*
- B. **NATIONAL EXAMINATION INFORMATION:** Upon passing the California Law and Ethics Examination, you will receive information on registering for the NCMHCE. You will need to register and pay for the NCMHCE through the National Board for Certified Counselors (NBCC). Please visit their web site at [www.nbcc.org](http://www.nbcc.org) for more information.

4. **REQUESTS FOR ACCOMMODATION:**

All examination sites are physically accessible to individuals with disabilities. Pursuant to Title II of the Americans with Disabilities Act (ADA) and California law, the Board will provide reasonable accommodations to qualified candidates with mental disabilities, physical disabilities, or medical conditions. However, the Board will not provide accommodations that fundamentally alter the measurement of the skills or knowledge the examination is intended to test.

Accommodations will not be provided at the examination site unless prior approval by the Board has been granted. **A candidate who seeks an accommodation has the responsibility to make the request and provide documentation substantiating the need for accommodation at the time of submission of the application for the examination.** The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent provided by law. Any request for accommodation (except for accommodations requiring a physically accessible examination site) must be submitted to the Board on the forms prescribed by the Board. If you wish to submit a request for accommodation, please contact the Board and request a *Request for Accommodation* package or download the forms from the Board's web site.

The Board does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities. The Executive Officer of the Board has been designated to coordinate and carry out this agency's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA coordinator.

5. PUBLIC ADDRESS and CHANGE OF ADDRESS:

The address you enter on any Board form is public information and will be placed on the Internet pursuant to Business and Professions Code Section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address. Title 16, California Code of Regulations Section 1804, states that all persons regulated by the Board shall maintain a current mailing address with the Board and shall notify the Board within 30 days concerning any change of address giving both the old and new addresses.

**CHANGES OF ADDRESS MUST BE RECEIVED IN WRITING.**

6. ABANDONMENT OF LICENSURE APPLICATION:

In accordance with Title 16, California Code of Regulations Section 1806, an application shall be deemed abandoned in any of the following circumstances:

- Applicant does not submit evidence that he or she has removed the deficiencies specified in the deficiency letter within one (1) year from the date of the deficiency letter
- Applicant fails to sit for examination within one (1) year after being notified of eligibility
- Applicant fails to retake an examination within one (1) year from the date of failure
- Applicant fails to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements.

**To re-open an abandoned application, you must submit a new application, fee, and all required documentation, as well as meet all current requirements in effect at the time the new application is submitted if you wish to pursue licensure.**

7. STATUTES AND REGULATIONS:

To obtain a copy of the *Statutes and Regulations* pertaining to licensed professional clinical counseling, you may download the information from the Board's web site; alternatively, you may submit a written request to the Board (type or print clearly your name and address).

8. DUPLICATION OF BOARD FORMS:

Applicants are granted permission to reproduce any form provided by the Board. **However, only those forms having original signatures will be accepted as part of any application.**

9. MANDATORY REPORTER:

Under California law each person licensed by the Board of Behavioral Sciences is a "mandated reporter" for both child, elder and dependent adult abuse or neglect purposes. See enclosed "**MANDATORY REPORTER INFORMATION**" included in this application packet for more information on mandatory reporting requirements.

## **NOTICE ABOUT COLLECTION OF PERSONAL INFORMATION**

The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 4999.47, 4999.50, 4999.58, and 4999.59; and Article 5 of Chapter 16 (commencing with Section 4999.80), and Title 16 of California Code of Regulations Sections 1805, 1806, 1820, 1821 and 1822. The Board uses this information principally to identify and evaluate licenses and enforce licensing standards set by statute and regulation.

**Mandatory Submission.** Submission of the information requested by this application is mandatory. The Board cannot consider your application for licensure or renewal unless you provide all of the requested information.

**Access to Personal Information.** You may review the records maintained by the Board of Behavioral Sciences that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

**Contact Information.** For questions about this notice or access to your records, you may contact the Board at (916) 574-7830 or by email at [BBSWebMaster@dca.ca.gov](mailto:BBSWebMaster@dca.ca.gov). For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection, 915 Capitol Mall, Suite 200, Sacramento, CA 95814, (866) 785-9663 or email [privacy@scsa.ca.gov](mailto:privacy@scsa.ca.gov).



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## LICENSED PROFESSIONAL CLINICAL COUNSELOR IN-STATE EXAMINATION ELIGIBILITY APPLICATION

### APPLICANTS WITH EXPERIENCE GAINED IN-STATE ONLY

**APPROPRIATE FEE MUST ACCOMPANY THIS FORM**  
 Make check payable to - Behavioral Sciences Fund

(Please type or print clearly in ink)

For Office Use Only: **P1, PA**

Cashiering No:

QM:1-S

1. Legal Name* Last		First		Middle
Maiden name and/or any other alias				
2. Address of Record*: Number and Street				
City		State	Zip Code	
3. Business Telephone:	4. Residence Telephone:		5. E-Mail Address:	
6. Birth Date: mm/dd/yyyy	7. Social Security Number***:		8. Sex:	
9. Education: (Qualifying Degree Title)		10. Name of school, college, or university:		

ATTACH A  
 PHOTOGRAPH TAKEN  
 WITHIN 60 DAYS  
 OF THE FILING  
 OF THIS APPLICATION  
 (Head and Shoulders Only)

11. Do you possess at least 104 weeks and 3,000 hours of post-degree supervised experience? Yes ☐ No ☐

12. Have you ever been denied a professional license, had a professional license privilege suspended, revoked, or otherwise disciplined, or have you ever voluntarily surrendered any such license in California or any other state or territory of the United States, or by any other governmental agency? Yes ☐ No ☐

If YES, attach your explanation and related documents as described in the REPORTING DISCIPLINE AGAINST LICENSE(S) section of the instructions.

13. Have you ever been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor or felony? (Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18<sup>th</sup> birthday or any traffic violations for which a fine of \$500 or less was imposed.) Yes ☐ No ☐

If YES, attach your explanation and related documents as described in the REPORTING PRIOR CONVICTION(S) section of the instructions. You must disclose all convictions even if previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file. You may simply provide a written statement indicating that you believe the information is already on file.

Continue on Next Page

*I declare under penalty of perjury under the laws of the State of California that all of the information submitted on this form and on any accompanying forms and attachments is true and correct.*

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

\*Business and Professions Code section 4999.90(b) gives the board the right to refuse to issue any registration or license, or may suspend or revoke the license or registration of any registrant or licensee if the applicant secures the license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the board.

\*\*The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address such as a PO Box.

\*\*\*Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.



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## LICENSED PROFESSIONAL CLINICAL COUNSELOR IN-STATE EXPERIENCE VERIFICATION

**Applicant:** Your supervisor must complete this form (unless experience is verified by an out-of-state licensing agency). Use a separate form for each person verifying hours of supervised experience toward licensure as a professional clinical counselor and for each employment setting. Submit this form with your application for examination eligibility.

**Supervisor:** You must complete this form. **Make certain that this form is complete and correct prior to signing. Any change should be initialed by you and is subject to verification.** Return the completed form to the applicant.

(Please type or print clearly in ink)

Applicant: Last	First	Middle	Social Security Number
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**SUPERVISOR:** (Please type or print clearly in ink)

1. Supervisor: Last	First	Middle	2. Business Phone:	
3. Address: Number and Street		City	State	Zip Code
4. Name of Applicant's Employer:			5. Business Phone:	
6. Employer's Address: Number and Street		City	State	Zip Code
7. a. Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Was this experience gained in a private practice setting?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Was this experience gained in a hospital or community mental health setting, as defined under California Code of Regulations section 1820(d) as a setting that: lawfully and regularly provides mental health counseling or psychotherapy; where clients who routinely receive psychopharmacological interventions in conjunction with psychotherapy, counseling, or psycho-social interventions; where clients receive coordinated care that includes the collaboration of mental health providers; and is not a private practice owned by a licensed professional clinical counselor, marriage and family therapist, a licensed psychologist, a licensed clinical social worker, a licensed physician or surgeon, a professional corporation of any of these licensed professions or unlicensed individuals?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Was this experience gained in a setting that provided oversight to ensure that the applicant's work meets the experience and supervision requirements and is within the scope of practice for the profession?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Was the applicant either an employee or a volunteer during the dates of experience claimed?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Dates of the experience being claimed		From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy	
11. How many <u>weeks</u> of supervised experience are being claimed? _____				
12. Show only those hours of experience as logged on the weekly summary of hours form.				Total Logged Hours
a. Direct Psychotherapy (performed by the applicant; minimum 1,750 hours)				
b. Group Therapy or Group Counseling (maximum 500 hours)				
c. Telephone Counseling (maximum 250 hours)				
d. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes (maximum 250 hours)*				
e. Workshops, seminars, training sessions, or conferences directly related to professional clinical counseling (maximum 250 hours)*				
f. Client Centered Advocacy (CCA)*				



Applicant:	Last	First	Middle
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13. Face-to-face supervision*:		Hours per week (Range)	Total Logged Hours
a. Individual			
b. Group (Group supervision contained no more than eight (8) persons)			
14. Supervisor License Information:			
Type of License	License Number	State of Licensure	Date Originally Licensed
If M.D., were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision? Date Board certified: _____			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct</i>  Signature of Supervisor: _____ Date: _____			

\*When combined, these categories shall not exceed 1,250 hours of experience (BPC Section 4999.46(b)(6)).



## 37A-640 (Rev. 6/11)

Receipt No.	Regis. No.	<b>type or print LEGAL NAME</b>
		(LAST) (FIRST) (MIDDLE)
		<b>ADDRESS</b>
		(CITY) (STATE) (ZIP)
Date Received		
		SOCIAL SECURITY #:
		DATE OF BIRTH:
		<b>PERSONAL DATA CARD</b> STATE OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS BOARD OF BEHAVIORAL SCIENCES <b>THIS CARD <u>MUST</u> ACCOMPANY YOUR <u>APPLICATION</u></b>

Form 37M-400 (Rev. 3/05)



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## **IMPORTANT INFORMATION – PLEASE READ**

### **MANDATORY REPORTER**

Under California law each person licensed by the Board of Behavioral Sciences is a “mandated reporter” for both child, elder and/or dependent adult abuse or neglect purposes. California Penal Code section 11166 and Welfare and Institutions Code section 15630 require that all mandated reporters make a report to an agency specified [generally law enforcement, state, and/or county adult protective services agencies, etc... ] in Penal Code section 11165.9 and Welfare and Institutions Code section 15630(b)(1) whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, elder and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect.

The mandated reporter must contact by telephone immediately or as soon as possible, to make a report to the appropriate agency or as soon as is practicably possible. The mandated reporter must prepare and send a written report thereof within two working days or 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 and Section 15630 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

For further details about these requirements, consult Penal Code sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.